

**Home Health Agency
Provider Type 34
907 KAR 1:030**

Information about the program:

- Provider must contact OIG for survey.
- Provider must obtain a Certificate of Need.
- Out-of-state providers may perform services, but must be licensed by Kentucky or the state where services are physically provided.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Medicare Letter
- CLIA (if lab present)
- Out-of-state must submit their Medicaid enrollment requirements for their home state, plus proof of dates of service for the recipient.
- W-9
- NPI and Taxonomy Verification

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40601
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602